## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

04/874,371

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            |                  |            | SMALL ENTITY TYPE   |                        |        | OTHER THAN R SMALL ENTITY |                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------|------------------|------------|---------------------|------------------------|--------|---------------------------|------------------------|
| FOR                                                                      |                                                                                       | NUMBER FILED |                                   | NUMBER EXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | 7                                          | RATE             | FEE        | 7                   | RATE                   | FEE    |                           |                        |
| BASIC FEE                                                                |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            | i i              |            | 380.00              | OR                     | 12.77  | 760.00                    |                        |
| TOTAL CLAIMS                                                             |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | *                                          |                  | 1          | X\$ 9=              |                        | OR     | X\$18=                    |                        |
| INDEPENDENT CLAIMS                                                       |                                                                                       |              | minus 3 =                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | *                                          |                  | 1          | X39=                |                        | 1      | X78=                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            | 1                | 7.00-      |                     | OR                     |        |                           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | column 2                                   | J                | +130=      |                     | OR                     | +260=  |                           |                        |
|                                                                          |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            |                  |            | TOTAL               |                        | OR     | TOTAL                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Col                   |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            | (Column 3        | )          | SMALL               | ENTITY                 | OR     | OTHER<br>SMALL            |                        |
| AMENDMENT A                                                              |                                                                                       | REM<br>Al    | AIMS<br>IAINING<br>FTER<br>NDMENT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PF    | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                 | * 2          | 2                                 | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **    | 22                                         | =                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|                                                                          | Independent                                                                           | *            | 3                                 | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***   | <u> </u>                                   | =                |            | X39=                |                        | OR     | X78=                      |                        |
| <u> </u>                                                                 | FIRST PRESE                                                                           | DITATIO      | ON OF M                           | ULTIPLE DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PEND  | DENT CLAIM                                 | <u> </u>         | 1          | +130=               |                        |        | +260=                     |                        |
|                                                                          |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            |                  |            | TOTAL               |                        | OR     | TOTAL                     |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            |                  |            | ADDIT. FEE          |                        | OR     | ADDIT. FEE                |                        |
| _                                                                        |                                                                                       | CL           | AIMS                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Column 2)<br>HIGHEST                       | (Column 3)       | <b>1</b> 1 |                     | ADDI-                  | 1 1    |                           | ADDI-                  |
| AMENDMENT B                                                              |                                                                                       | AF           | AINING<br>TER<br>IDMENT           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PF    | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |            | RÅTE 1              | TIONAL<br>FEE          |        | RATE                      | TIONAL<br>FEE          |
|                                                                          | Total                                                                                 | *            |                                   | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **    |                                            | =                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|                                                                          | Independent                                                                           | *            |                                   | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***   |                                            | =                |            | X39=                |                        | OR     | X78=                      |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPE                                                   |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | ENT CLAIM                                  |                  | j          | +130=               |                        |        | +260=                     |                        |
|                                                                          |                                                                                       |              |                                   | .•                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                            |                  |            | TOTAL               |                        | OR     | TOTAL                     |                        |
|                                                                          |                                                                                       |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            |                  |            | ADDIT. FEE          | .:                     | OR     | ADDIT. FEE                |                        |
| _                                                                        | Carried Management of the                                                             |              | ımn 1)<br>AIMS                    | The state of the s |       | olumn 2)<br>Highest                        | (Column 3)       | 1 .        |                     |                        |        |                           |                        |
| AMENDMENT C                                                              |                                                                                       | REM/<br>AF   | AINING<br>TER<br>DMENT            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PR    | NUMBER<br>EVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE | ,      | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                 | *            |                                   | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **    |                                            | =                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|                                                                          | Independent                                                                           | *            |                                   | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***   |                                            | =                |            | X39≐                |                        |        | X78=                      | •                      |
|                                                                          | FIRST PRESE                                                                           | NTATIO       | N OF MU                           | JLTIPLE DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PEND  | ENT CLAIM                                  |                  | <b>!</b>   |                     |                        | OR     |                           |                        |
| * 11                                                                     | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                            |                  |            | +130=               |                        | OR     | +260=                     |                        |
| **                                                                       | the "Highest Nur<br>f the "Highest Nur<br>f the "Highest Nu                           | nber Pre     | viously Pa                        | id For" IN THIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S SPA | CE is less tha                             | n 20, enter "20. |            | TOTAL<br>ADDIT. FEE |                        | OR ,   | TOTAL<br>ADDIT. FEE       |                        |
| 7                                                                        | he "Highest Num                                                                       | ber Prev     | iously Pak                        | For" (Total or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Indep | endent) is the                             | highest number   | eř fou     | nd in the app       | ropriate box           | in col | umn 1.                    |                        |